

NEW LICENSE APPLICATION BOARD OF RESPIRATORY CARE

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-374-1138, Monday through Friday, 8AM to 5PM EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

| SE | CTION 1. REQUESTED LICENSE TYPE/FEES (includes r | non-refundable | application fee | - see instru | ıctions) | | |
|--|---|--------------------------------------|--|--------------|--------------|--|--|
| | RC – Respiratory Care Therapist by Endorsement RC – Respiratory Care Therapist by Examination / Re-Exam Duplicate Licenses (limit 5) X \$26.00 = | \$195.00 \$195.00 \$00 \$00 | Make check or money order payable to Promissor. MAIL TO: Department of Health Health Professional Licensing Administration Board of Respiratory Care 717 - 14th St NW, Suite 600 Washington, DC 20005 | | | | |
| | | | Check \$ | Check # | Staff | | |
| | | | \$00 | | | | |
| SE | CTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMA | TION | | | | | |
| Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders. | | | | | | | |
| M M D D Y Y Y Y SOCIAL SECURITY NUMBER DATE OF BIRTH If applicant does not provide a social security number, a sworn affidavit is required. | | | | | | | |
| | Male Female | | | | | | |
| _ | CTION 3. SUPPORTING DOCUMENTS REQUIRED | | | | | | |
| Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Respirator Keep a photocopy of all supporting documents for your records. | | | | | HPLA ONLY | | |
| Α. | iwo recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed n the back. The photos must be original photos and cannot be computer-generated copies or paper copies. | | | | | | |
| В. | f applying by Endorsement or Examination: Official transcript (with seal) showing successful completion of and educational course in respiratory care from an approve institution. May be sent directly from the school, but is preferred that it accompany the application in a sealed envelope. | | | | | | |
| C. | If applying by Endorsement or Examination: Certified examination results fr Care, Inc. The National Board for Respiratory Care, Inc. can be reached at 9 | | | | | | |
| D. | icensed in other jurisdictions, the applicant shall submit a verification of licensure from each jurisdiction where the plicant is licensed to practice respiratory care. | | | | | | |
| E. | Copies of legal documents supporting all name changes. | | | YES NO | | | |

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| Section 4. PREVIOUS NAMES |
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| If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders. |
| Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate |
| FIRST NAME SUFFIX |
| Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.) |
| Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.) |
| Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.) |
| FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.) |
| Section 5A. HOME ADDRESS |
| Even if you have a PO Box, a street address should also be provided, if applicable. |
| APARTMENT SUITE FLOOR PO BOX NUMBER |
| HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME) |
| |
| HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME) |
| CITY |
| |
| |
| Section 5B. BUSINESS ADDRESS |
| Please note: This information will be made available to the public. |
| |
| APARTMENT SUITE FLOOR PO BOX NUMBER |
| BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME) |
| |
| BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME) |
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| |
| BUSINESS PHONE NUMBER BUSINESS FAX NUMBER |
| Section 5C. PREFERRED MAILING ADDRESS |
| Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address. |
| ☐ HOME ☐ BUSINESS |

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Section 6A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

| | School Name, City, State, Cou | ntry | Number of Hours Completed | | Date of Graduation | Type of Degree/Certificate | |
|------------------|---|--------------------------|------------------------------|-------------|--------------------------------|----------------------------|--------------|
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| ection 6B. | POSTGRADUATE EXPERIEN | | | | | | |
| t all experience | since graduation from college, universit | y and professional schoo | | 1 | | 1 | 1 |
| | Organization/Institution | Location | Start Date | End Date | Type of Posit (Use Key Belo | | Part Time |
| | - <u> </u> | | | | | | |
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| | * TYPE OF POSITION KEY | <u> </u> | | | | | |
| | A. Employment | | | | | | |
| | B. Private Practice | | | | | | |
| | C. Clinical RotationsD. Instructor | | | | | | |
| | E. Other (specify on separate sh | eet of paper) | | | | | |
| ection 6C. | PROFESSIONAL LICENSES | IN OTHER STATES | s/ II IDISDI | CTIONS | | | |
| | urisdictions in which you have ever held | | | | | risdictions (if d | ifferent) |
| | | | Date Lice | ense Was | | | |
| | Jurisdiction | | First Obtained | | License Number | | |
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NEW LICENSE APPLICATION

| SECTION 7. QUESTIONS - Applicants MUST answer all of the following questions. | | | | | | | |
|---|--|-------|----|--------------|--|--|--|
| | Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to quest through J below, you must provide full information and complete details on a separate sheet of paper, including corelevant court documents, and attach to this application. | | | HPLA ONLY | | | |
| | Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement. | | | | | | |
| | Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). | | | | | | |
| | IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED. | | | | | | |
| | As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following: Yes No | | | | | | |
| A. | 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); | | | | | | |
| | 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); | | | | | | |
| | 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); | | | | | | |
| | 4. Past due taxes; | | | | | | |
| | 5. Past due District of Columbia Water and Sewer Authority service fees; or | | | | | | |
| | 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? | | | | | | |
| | The information presented above is in compliance with the requirement to submit with your application for licensure or permit under Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et se | | | | | | |
| B. | Have you ever been convicted or investigated of a crime (other than minor traffic violations) not previously reported to the Board? | | NO | | | | |
| C. | Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.) | | _ | | | | |
| D. | Have you ever been party to a malpractice action or had a malpractice action brought against you? | YES [| NO | | | | |
| E. | Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation? | | _ | | | | |
| F. | Have you ever been terminated from or resigned from a clinical or professional training program? | | NO | | | | |
| G. | o you have a physical or medical condition that currently impairs your ability to practice your profession? | | NO | | | | |
| Н. | Has the use of drugs and/or alcohol resulted an impairment of your ability to practice your profession? | YES | NO | | | | |
| I. | (1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board? | | NO | | | | |
| J. | Have you ever been terminated or asked to resign from employment since obtaining your (professional) license? | YES [| NO | | | | |
| SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE | | | | | | | |
| I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties. | | | | | | | |
| HPLA ON | | | | | | | |
| | LICENSEE SIGNATURE NAME (Please Print) DATE | | | | | | |